FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		RGANIZA	IIO	N		
. 0.1111		(See instruction	s)			Office use only
1. NAME OF COMMITTEE (i	n full)	(Check if name is changed)		nple: If typying, type the lines	12FE4M5	
American Co	ollege of Cardiolog	y Political Action	Comm	nittee		
ADDRESS (number ar	nd street)	N St NW				
(Check if addre is changed)		hington	1 1		DC	
			CITY		STATE	ZIP CODE ▲
COMMITTEE'S E-M	AIL ADDRESS (Please	provide only one e-m	nail addre	ess)		
(Check if address is changed)	pac(	pacc.org				
					1111	
(Check if address is changed)  2. DATE	M / D D / Y	, , , , , , , , , , , , , , , , , , ,	1 1		1 1 1 1	
3. FEC IDENTIFIC	CATION NUMBER	C	C C00	375360	1	
4. IS THIS STATE	MENT NEV	/ (N) OR	X	AMENDED (A)	4	
Type or Print Name of		to the best of my know	_	d belief it is true, correct an	d complete	
Signature of Treasur	er Electronically File	d by Carlton G.	Davids		Date 03	M / D D / Y Y Y O 9
NOTE: Submission of				e person signing this State		
Office Use Only				For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)